Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations		15.2
Fax Number : (850)617-6383	•	2

From:

Account Name : ROBERT D. ROYSTON, JR., P.A.

Account Number : I20150000047 Phone : (239) 205-2225 Fax Number : (239)205-2016

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Email Address: ____royston@rroystonlaw.com

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To.

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ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited)	my as it now appears on our re Liability Company)	ocords.)
The Articles of Organization for this Limited L. Florida document number L03000013974	iability Company	were filed on April 17, 200	
This amendment is submitted to amend the foll-	音五		
A. If amending name, enter the new name o	f the limited hab	ility company here:	5 m
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.O."
Enter new principal offices address, if applic	able:		् स्थि
(Principal office address MUST BE A STREE		12548 Lake Denise Blvd.	23
		Clermont, FL 34712	
Enter new mailing address, if applicable:		12548 Lake Denise Blvd.	
(Mailing address MAY BE A POST OFFICE BOX)		Clermont, FL 34712	
B. If amending the registered agent and registered agent and/or the new registered of		E:	ords, <u>enter the pame of the</u>
Name of New Registered Agent:			
New Registered Office Address:	12548 Lake De	enisc Blvd. Enter Florida street a	uldrave
	Clermont	уны сыний меся и	_, Florida ³⁴⁷¹²

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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To:

Fax: (850,617-6383) Page 3 of 4 10/10/2018 12 29 PM ((($(H18000288190\ 3)))$

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	I ype of Action
MGR	QUIGLEY III, THOMAS A.	6091 S. Pointe Blvd.	
		Ft. Myers, FL 33919	Remove
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(If an effecti Note: If t	date, if other than the vedate is listed, the date muthe date inserted in this bills effective date on the D	it be specific ock does n	ling: and canno of meet th	ie applicable statutory fi	more than 90 ling requirem	_ (optional) days after filing cnts, this date	.) Pursuant	ம் 605.0201 be listed as
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	John A. Hirsch, III, me	mber						

Page 3 of 3

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